



SUDBURY CATHOLIC DISTRICT SCHOOL BOARD

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CONSENT/REQUEST FOR THE ADMINISTRATION OF AN EPIPEN® AT SCHOOL OR SCHOOL ACTIVITIES

A. IDENTIFICATION

Pupil _____ Date of Birth _____
Parent/Guardian _____
Telephone 1) Home _____ 2) Business _____ 3) Emergency _____
Address _____
School _____ Teacher _____
Health Insurance Card Number _____

B. PHYSICIAN'S STATEMENT FOR ASSISTANCE DURING SCHOOL HOURS

In my opinion, the following procedures are medically appropriate for the above-named student and should be administered during school hours if required.

1. Name of procedures or medication *An EpiPen Auto-Injector* _____
2. Administration frequency per school day/as required _____ Other _____
3. Cautions/Notable Side-Effects/Storage Duration _____

I confirm that I have explained fully the nature, effect and possible side effects of such treatment to the pupil and to the parent and/or guardian.

Physician's Signature _____ Date _____
Physician's Name (Print) _____ Telephone _____

PARENT/GUARDIAN INFORMED AUTHORIZATION AND RELEASE

I/we hereby request that the administration of an EpiPen be provided. I/we understand that the service will be provided by a person without medical or nursing training. All training will be the parent's responsibility at no cost to the Board. I/we agree to provide the Board with an updated medical statement whenever there is a change in the physician's instructions with respect to medication.

I/we hereby release the Sudbury District Roman Catholic Separate School Board, its employees and agents from all manner of actions, causes of action, suits, losses, damage or injuries, however caused, arising out of the administration of failure to administer medication as provided herein and I/we do also hereby indemnify the said Board, its employees or agents for any losses or damages sustained by them as a result of such actions or proceedings being commenced against them by myself/ourselves or my/our child, or any other parent or guardian of the said child.

I confirm that (Dr.) _____ has fully explained to me and to my _____ the nature, effect and possible side effects of such treatment and hereby acknowledge that I have read and fully understand the terms set out herein. I have received a copy of the Board's policy and procedures in this regard, and I have read and understood their contents and agree to abide by the terms set out.

(Date)

(Parent/Guardian)

(Parent/Guardian)

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